

Kenny C. Guinn, Governor



Seung Park, O.M.D., *President*
Peter Lok, O.M.D., *Member*
Sharon Roth, O.M.D., *Member*
Edmund Pasimio, M.D., *Member*
Tom Stewart. *Member*

NEVADA STATE BOARD OF ORIENTAL MEDICINE

Dear Applicant:

Thank you for your expressed interest in obtaining licensure in the State of Nevada under the jurisdiction of the Board of Oriental Medicine. The following are instructions to help you in completing your application; please read through them carefully. Please make sure the below documents are included in your application packet. Incomplete applications will not be processed.

1. Read the entire application before writing a single answer. By familiarizing yourself with the questions and the paperwork, you can better organize your time and provide more complete answers. Please complete all pages of the application.
2. Write legibly. If the application is illegible, it will not be processed in a timely manner.
3. Obtain and submit with your application all original school transcripts certificates, and notarized diploma(s)., (any copies of diploma(s) need to be notarized) evidencing successful completion of an accredited 4-year program of study, or its equivalent, in Oriental medicine at an approved school or college of Oriental medicine. There is usually a fee for these documents please call ahead and inquire what that fee will be and attach it along with your request for transcripts. Any transcripts or translation fees will be an additional cost incurred by you. You need to contact your school and / or training program for these transcripts and have the school and/or training program send them directly to our Board office. (Please look at the attached list of approved schools to see if your school meets the Board's criteria). If your school is not on this list, the Board will review each application on a case by case basis.
4. Obtain and submit with your application all documents, including a copy of score reports, which prove that the applicant passed the test of Acupuncture,

Oriental Body Therapy and Herbology from the National Organization
NCCAOM.

NRS 634A.120 Examinations: National examination; practical examination; times; canceled examinations; reexamination.

1. Each applicant for a license to practice as a doctor of Oriental medicine must pass:

(a) An examination in Oriental medicine that is administered by a national organization approved by the board; and

(b) A practical examination approved by the board that tests the applicant's knowledge and understanding of the laws and regulations of this state relating to health and safety in the practice of Oriental medicine. The board shall contract for the preparation, administration and grading of the practical examination.

5. Obtain and submit with your application a notarized copy of your degree(s), which evidences the applicant earned a bachelor's degree from an accredited college or university in the United States if the applicant is applying pursuant to NRS 634A.140(1).

NRS 634A.140 Issuance of license to practice as doctor of Oriental medicine. The board shall issue a license to practice as a doctor of Oriental medicine to an applicant who:

1. Has:

(a) Successfully completed an accredited 4-year program of study, or its equivalent, in Oriental medicine at a school or college of Oriental medicine that is approved by the board;

(b) Earned a bachelor's degree from an accredited college or university in the United States;

(c) Passed an investigation of his background and personal history conducted by the board; and

(d) Passed the examinations required by [NRS 634A.120](#);

6. Obtain and submit with your application any documents that are relevant to the applicant's background and personal history for the Board's investigation (i.e. judgment of conviction, satisfaction of judgment, order resolving disciplinary action in another jurisdiction).

7. Obtain and submit evidence documents, which prove that the applicant has lawfully practiced Oriental medicine in another state or foreign country for at least 4 years if applicant is applying pursuant to NRS 634A.140 (2).

NRS 634A.140 Issuance of license to practice as doctor of Oriental medicine. The board shall issue a license to practice as a doctor of Oriental medicine to an applicant who:

2. Has:

(a) Successfully completed a 4-year program of study, or its equivalent, in Oriental medicine at a school or college of Oriental medicine that is approved by the board;

(b) Lawfully practiced Oriental medicine in another state or foreign country for at least 4 years;

(c) Passed an investigation of his background and personal history conducted by the board; and

(d) Passed the examinations required by [NRS 634A.120](#).

8. Obtain all verification of licensure or membership in professional societies and send them directly to the Board's office. Call ahead and inquire about what those fees may be.

9. The applicant must have Pages 8, 9, & 11 notarized. The release and declaration statements must be submitted to the Board's office as part of the completed application.

10. Page 11: Any person can attest to your good character and moral behavior because they have worked with you or belong to the same personal or professional organizations. It cannot be your married spouse, a relative by marriage, or a blood relative. Provide at least one attestation.
11. Attach a money order, cashiers check or personal check in the amount of seven hundred dollars (\$700.00) made payable to the Nevada State Board of Oriental Medicine for the application fee. This fee is for the processing of your application only. If you do not submit a fee of \$700.00 with your application to the Board, your application will NOT be accepted and/or processed.
12. Once you have submitted your application to the board, you will receive information regarding fingerprinting as part of the investigative background check. Remember you are responsible for any additional fee incurred by the board on your behalf. Your application will not be complete with out these documents.
13. The application process takes approximately 6 months. The deadline to submit your application to the Board is **DECEMBER 1, 2002**. You may submit your application before this date but please take note, processing of your application will not take place until December 1, 2002. There are no exceptions or extensions for this deadline date.
14. The application process takes approximately six months. The next testing date for our State board exam is June 2003.

If you have further questions, please contact the Board office at Tel: (702) 486-7280. Fax: (702) 486-7281. To review the regulations and statutes listed above please visit the following website <http://www.leg.state.nv.us/NRS/NRS-634A.html#NRS634A> .

Sincerely,

Kimberly Reese
Executive Director
Nevada State Board of Oriental Medicine

Encl: Application

Attch: List of Oriental Board's Approved Schools

State of Nevada Board of Oriental Medicine's Approved
School List

1. *American College of Acupuncture & Oriental medicine*
2. *Emperor's College of Oriental Medicine*
3. *Pacific College of Oriental Medicine-San Diego & New York*
4. *Seattle Institute of Oriental Medicine*
5. *Yosan University of traditional Chinese Medicine*
6. *National College of Naturopathy*
7. *American College of Traditional Chinese Medicine*
8. *International Institute of Chinese Medicine*
9. *Northwest Institute of Acupuncture & Oriental Medicine*
10. *Southwest Acupuncture College*



**APPLICATION FOR LICENSURE BY THE STATE OF NEVADA
BOARD OF ORIENTAL MEDICINE**

Read the following paragraph carefully before signing this application.

The undersigned hereby applies for a license under NRS Chapter 634A with full knowledge that all statements made in this application may be subject to investigation, including a check of fingerprints, police records, and former employers, and that any false or dishonest answers to any questions in this application may be grounds for refusal, subsequent revocation or suspension of a license.

Write your name in your native language or characters and in English

Native: _____

English: _____

If you have a police or government Identification Card from your native country, please write the identification number below along with your name:

I, _____, No. _____
depose and say that I am an applicant for licensure to practice Oriental Medicine in the State of Nevada, as a Doctor of Oriental Medicine.

I hereby attest that I am the identical person to whom the diploma(s), degree(s) and/or license(s) identified herein were originally granted.

The undersigned hereby declares under penalty of perjury, under the law of the State of Nevada, in accordance with NRS 199.120, that all statements contained herein are true and correct to the best of his/her knowledge and belief.

Executed on _____ (Date)

Signature of Applicant: _____

Social Security #: _____

Information of Undergraduate School of College or University

1.

Name of School	
Address of Location	
Term (From: To)	
Length (Years and Months)	
Major	
Degree obtained	
Year of Graduation	

2.

Name of School	
Address of Location	
Term (From: To)	
Length (Years and Months)	
Major	
Degree obtained	
Year of Graduation	

3.

Name of School	
Address of Location	
Term ((From: To)	
Length (Years and Months)	
Major	
Degree obtained	
Year Graduation	

4.

Name of School	
Address of Location	
Term (From: To)	
Length (Years and Months)	

Major	
Degree obtained	

Information of school or college of Oriental medicine attended by the applicant

1.

Name of School	
Address of Location	
Term (From: To)	
Length (Years and Months)	
Degree obtained	
Year of Graduation	
Total Credits & Hours accomplished	() Credits of () hours [2 semester, 3 quarter, 4 quarter a year] Circle one, please

2.

Name of School	
Address of Location	
Term (From: To)	
Length (Years and Months)	
Degree obtained	
Year of Graduation	
Total Credits & Hours Accomplished	() Credits of () hours [2 semester, 3 quarter, 4 quarter a year] Circle one, please

3.

Name of School	
Address of Location	
Term (From: To)	
Length (Year and Months)	
Degree obtained	
Year of Graduation	
Total Credits & Hours Accomplished	() Credits of () hours [2 semester, 3 quarter, 4 quarter a year] Circle one, please

4.

Name of School	
Address of Location	
Term (From: To)	
Length (Years and Months)	
Degree obtained	

Year of graduation	
Total Credits & Hours Accomplished	() Credits of () hours [2 semester, 3 quarter, 4 quarter a year] Circle one, please

Licensure Screening Questions

Have you ever been convicted of a felony? Yes_____ No_____

Have you ever been convicted of a crime of moral turpitude? Yes_____ No_____

Have you ever been addicted to the use of narcotics? Yes_____ No_____

Have you ever been addicted to alcohol? Yes_____ No_____

Have you ever been expelled from a professional society? Yes_____ No_____

Have you ever had a license issued by a governmental agency which had some type of disciplinary action taken against that license (i.e. suspension, revocation, probation, Restriction, etc.) Yes_____ No_____

Have you a physical condition, which may impact your ability to practice Oriental Medicine? Yes_____ No_____

Have you a mental condition, which may impact, upon your ability to practice Oriental Medicine? Yes_____ No_____

If you answered "yes" to any of the above, give details on a separate sheet of paper.

Professional Information

List all Societies of which you are, or have been a member. (Please list the Name, address, dates and all other information. Be specific and complete.)

Do you hold or have you ever held a license issued by a governmental agency to practice Oriental Medicine in any country? Yes_____ No_____

If "yes"

When was it issued? _____

Where was it issued? _____

What is the License Number? _____

Issuing Agency? _____

Information of a National Exam, which was passed by the applicant

1.

Name of National Exam	
Address of Place	
Date of the Exam	
Subjects	
Name of Administrative Body	

2.

Name of National Exam	
Address of Place	
Date of the Exam	
Subjects	
Name of Administrative Body	

3.

Name of National Exam	
Address of Place	
Date of the Exam	
Subjects	
Name of Administrative Body	

4.

Name of National Exam	
Address of Place	
Date of the Exam	
Subjects	
Name of Administrative Body	

5.

Name of National Exam	
Address of place	
Date of the Exam	
Subjects	
Name of Administrative Body	

Personal Information

Present Street Address: _____

City: _____ State: _____ Zip Code: _____

How long have you been at this address? _____

Present Mailing Address if it differs from your Present Street Address:

City: _____ State: _____ Zip Code: _____

Last Previous Address: _____

City: _____ State: _____ Zip Code: _____

How long were you at this address? _____

If the above addresses cover less than ten (10) years, on a separate sheet give other full addresses for the last ten (10) years until the present.

Your Date of Birth: _____ Marital Status: _____

Your Place of Birth by City, State, or Country: _____

Color of Eyes: _____ Color of Hair: _____ Height: _____

Weight: _____ List any identifying characteristics, scars, tattoos: _____

Have you been or are you in Military Service: Yes _____ No _____

Country Served? _____

Branch of Service: _____ Final Rank or Rate: _____

Specialty: _____ Military Serial Number: _____

Dates of Military Service: _____ Type of Discharge: _____

Are you a native born United States Citizen? Yes _____ No _____

If "No" are you a naturalized US citizen? Yes _____ No _____

Naturalization Certificate Number: _____

If you are a Resident Alien, give Registration Number: _____

If a visitor to the United States, give class of Admission as stamped on your "Arrival-Departure Record": _____

Have you ever held a business license? Yes _____ No _____

If "yes", where and what was the nature of the business? _____

What is/was the business license number(s)? _____

Information of Practice term

1.

Name of Clinic or Hospital	
Address	
Date (Began)	From:
Date (Finished)	To:
Years and Months attended	

2

Name of Clinic or Hospital	
Address	
Date (Began)	From:
Date (Finished)	To:
Years and Months attended	

3.

Name of Clinic or Hospital	
Address	
Date (Began)	From:
Date (Finished)	To:
Years and Months attended	

4.

Name of Clinic or Hospital	
Address	
Date (Began)	From:
Date (Finished)	To:
Years and Months attended	

5.

Name of Clinic or Hospital	
Address	
Date (Began)	From:
Date (Finished)	To:
Years and Months attended	

Consent to Investigation and Release of Information

I, _____, do hereby give my consent to an investigation by the Nevada State Board of Oriental Medicine, or any person acting in its behalf, into all relevant facts in my personal and professional training, background and experience in connection with this application for a license to practice in the State of Nevada as Doctor of Oriental Medicine.

I do further consent to having a set of my fingerprints (a copy of which is attached to this application) submitted by the Board to any law enforcement agency in connection with this application. I do further agree to pay any and all costs or expenses incurred in the making of the required investigation and do herewith submit as part of this Application, an application fee of Seven Hundred Dollars (\$ 700.00) to be used in whole or in part for said investigation. In the event investigative costs exceed this amount, I agree to pay in full, all such amounts due.

Statement of Permission

I agree to allow the Nevada State Board of Oriental Medicine to communicate with any person in connection with this application. I will hold the Board, its members, officers and agents free from any liability or complaint by reason of any action they, or any of them, may take in connection with the Board's investigation of my professional training, and experience or personal background.

Sworn and subscribed to before a Notary Public or Clerk of a Court, or other Proper Officer. Before me personally appeared _____

Whose signature, and recent photograph, appear on attached to this page and taken an oath and states that all of the foregoing statements are true and correct.

Sworn and subscribed to this _____ day of _____

(Seal)

Signature: _____

Address: _____

The above deposition(s) must in all cases be duly acknowledged before a Notary Public or other proper notice.

Declaration as to Previous Registration or Examination

I, _____, do hereby declare that I am the applicant who signed the foregoing application; that the photograph of myself hereunto attached was taken on or about the _____ day of _____, _____.
My age at that time being _____ years. I further state that no certificate or license issued to me by any authority has ever been revoked or suspended. I further state that I have not, previous to this date, applied for examination, licensure or registration to any Board of Examiners, except as follows:

Full Signature: _____

Sworn and subscribed to before a Notary Public or Clerk of a Court, or other Proper Officer. Before me personally appeared _____
Whose signature, and recent photograph, appear on attached to this page and taken an oath and states that all of the foregoing statements are true and correct.
Sworn and subscribed to this _____ day of _____

(Seal)

Signature: _____

Address: _____

The above deposition(s) must in all cases be duly acknowledged before a Notary Public or other proper notice.

Child Support Information

Pursuant to Federal Legislation and Nevada's Welfare Reform Package, this form must be completed and returned to the office of the Nevada State Board of Oriental Medicine with your application form.

Name: _____
Social Security Number: _____
Address: _____
City: _____ County: _____
State: _____ Country: _____
Zip Code: _____

Please circle the number of the statement which best describe your situation.

1. I currently have no obligation for child support payments
2. I am currently obligated by Court Order for payment of child support.
3. No arrearage exists on the child support obligation provided for by Court Order.
4. There currently exists an arrearage on the Court Order for child support.

If you mark "2" you must choose the response contained in "3" or "4" that applies to your child support payment obligation.

Signature: _____ Date: _____

Affidavit of Moral and Professional Character

This portion must be completed by a non-relative and submitted along with your application for licensure.

I, _____, being duly sworn, deposes and states that I reside at _____, in the City of _____, in the County of _____, in the State of _____, In the Country of _____, and am personally acquainted with _____ (Identify applicant by name), and know him/her to be the identical person named in the accompanying application, and he/she is of good moral and professional character. My relationship with the applicant is or has been as _____

Signature: _____ Social Security No: _____

Print your Full Name: _____

Print your Phone or email address: _____

Subscribed and sworn to me before this _____ day of _____, _____.

(Seal)

Notary Name: _____

Address: _____

The above deposition(s) must in all cases be duly acknowledged before a Notary Public or other proper notice.